
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hope, Ernest G.

Attorney Docket No.: HOPEP002

Application No.: 09/722,096

Examiner: Yaen, Chistopher H.

Filed: 11/22/2000

Group: 1643

Title: ANTI-ANGIOGENIC CELLULAR AGENT
FOR CANCER THERAPY

Confirmation No.: 4236

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this correspondence is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on February 21, 2008.

Signed: /Swapnali Joshi/
Swapnali Joshi

NOTICE OF APPEAL

Mail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed December 13, 2007 finally rejecting Claims 101-106,108-110, 118-120, 122-128, 131-141 and 173-175.

The item(s) checked below are appropriate:

Appeal Fee: ☒ \$255.00 (Small Entity) ☐ \$510.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for the total number of months checked below:

	<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/>	one	\$120.00	\$ 60.00
<input type="checkbox"/>	two	\$460.00	\$230.00
<input type="checkbox"/>	three	\$1,050.00	\$525.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

Notice of Appeal Fee	\$225.00
Extension Fee (if any)	\$0
Total Fee Due	\$225.00

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ The Commissioner is authorized to charge the required fees, and/or any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. HOPEP002).

Respectfully submitted,
BEYER WEAVER LLP

/ Emily M. Haliday/

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